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Bib Data Sheet

CONFIRMATION NO. 7835

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/016,310 | FILING DATE<br>11/02/2001<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO.<br>Brown.E-11 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

Eric Brown, Newport Beach, CA;

\*\* CONTINUING DATA \*\*\*\*\* *Chn 1/23/06*

This application is a DIV of 09/266,647 03/11/1999 ABN  
 and claims benefit of 60/070,521 01/06/1998  
 and claims benefit of 60/071,623 01/16/1998  
 and claims benefit of 60/088,727 06/10/1998

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Chn 1/23/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/26/2002

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>1/23/06</i> |                           |                        |                       |                            |
| Verified and<br>Acknowledged <i>Allowance</i><br>Examiner's Signature <i>Chn</i> Initials  |                           |                        |                       |                            |

## ADDRESS

22197  
 GENE SCOTT; PATENT LAW & VENTURE GROUP  
 3140 RED HILL AVENUE  
 SUITE 150  
 COSTA MESA, CA  
 92626-3440

## TITLE

Method for improving patient compliance with a medical program

|            |   |   |
|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
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